No. 300
10-48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED MAR 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4576

State File No.

BIRTH NO. REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2008 Registrar's No. 233

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield
c. LENGTH OF STAY (In this place): 2 Mos
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Springfield Baptist

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Greene
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield
d. STREET ADDRESS (If rural, give location): 1440 N. Clay

3. NAME OF DECEASED (Type or Print): a. (First) Leona; b. (Middle) A; c. (Last) Mills

4. DATE OF DEATH: (Month) (Day) (Year): Mar. 9 1949

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Mar. 29 1883

9. AGE (In years last birthday): 65 | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Greene Co. Mo

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Isom Snow

13b. MOTHER'S MAIDEN NAME: Nancy Hollingsworth

14. NAME OF HUSBAND OR WIFE: Bert Mills

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No.

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT'S SIGNATURE OR NAME: Mrs. Gladys Abright — ADDRESS: Spgfd

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 6 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteria Sclerosis Hypertension — 4-5 mos
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
115

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-11-, 1948 *to* 3-9-, 1949, *that I last saw the deceased alive on* 3-9-, 1949, *and that death occurred at* 10:45 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. E. Feller MD

23b. ADDRESS: 608 Cherry Springfield Mo

23c. DATE SIGNED: 3/10/49

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: Mar. 11, 1949

24c. NAME OF CEMETERY OR CREMATORY: East Lawn

24d. LOCATION (City, town, or county) (State): Springfield Mo.

DATE REC'D BY LOCAL REG.: 3/10/49

REGISTRAR'S SIGNATURE: W. E. Handley MD

25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: J. W. Klingner & Co. Springfield

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by_____

_____, Student Embalmer No. _____

working under my personal supervision.

Signed Ogle Slone Jr.

Licensed Embalmer No. 4176

P. O. Address Springfield

Signed _____
Student Embalmer

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.